

HOUSE BILL 1265

By Brooks K

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, Part 23, relative to autism spectrum
disorders.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-7-2367, is amended by deleting the section in its entirety and by substituting instead the following:

(a) As used in this section:

(1) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior;

(2) "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);

(3) "Behavioral health treatment" means counseling and treatment programs, including applied behavior analysis, that are:

(A) Necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and

(B) Provided or supervised by a board certified behavior analyst or by a licensed psychologist so long as the services performed are commensurate with the psychologist's formal university training and supervised experience;

(4) "Diagnosis of an autism spectrum disorder" means medically necessary assessment, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder;

(5) "Health insurance policy" means any individual, group health insurance policy, every policy or contract issued by a hospital or medical service corporation, every individual or group service contract issued by a health maintenance organization, and every self-insured group arrangement to the extent not preempted by federal law, which is delivered, issued for delivery or renewed in this state on or after January 1, 2014, that provides hospital, surgical, or medical expense insurance or coverage;

(6) "Pharmacy care" means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications;

(7) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

(8) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

(9) "Therapeutic care" means services provided by licensed or certified speech therapists, occupational therapists, or physical therapists; and

(10) "Treatment for an autism spectrum disorder" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist, within the physician or psychologist's lawful scope of practice under title 63, who determines the care to be medically necessary, including, but not limited to:

(A) Behavioral health treatment;

(B) Pharmacy care;

- (C) Psychiatric care;
- (D) Psychological care; and
- (E) Therapeutic care.

(b) A health insurance policy shall provide coverage for the screening, diagnosis, and treatment of an autism spectrum disorder. To the extent that the screening, diagnosis, and treatment of an autism spectrum disorder are not already covered by a health insurance policy, coverage under this section shall be included in health insurance policies that are delivered, executed, issued, amended, adjusted, or renewed in this state, or outside this state if insuring residents of this state, on or after January 1, 2014. No insurer may terminate coverage, or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with or has received treatment for an autism spectrum disorder.

(c) Coverage under this section shall not be subject to any limits on the number of visits an individual may make for treatment of an autism spectrum disorder.

(d) Coverage under this section shall not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance policy.

(e) This section shall not be construed as limiting benefits that are otherwise available to an individual under a health insurance policy.

(f) Except for inpatient services, if the insured is receiving treatment for an autism spectrum disorder, an insurer shall have the right to review the treatment plan annually, unless the insurer and the insured's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for

an autism spectrum disorder and shall not apply to all individuals being treated for an autism spectrum disorder by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the insurer.

(g) This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan.

(h) To the extent that this section requires benefits that exceed the essential health benefits required under section 1302(b) of the federal Patient Protection and Affordable Care Act, Public Law 111-148, the specific benefits that exceed the required essential health benefits shall not be required of a qualified health plan when the plan is offered in this state through the Tennessee exchange by a health carrier. Nothing in this subsection shall nullify the application of this section to plans offered outside the Tennessee exchange.

(i) This section shall apply to group insurance offered under title 8, chapter 27, part 2.

(j) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit hospital insurance policies.

SECTION 2. This act shall be known and may be cited as the "Luke Gleaves Act".

SECTION 3. This act shall take effect upon January 1, 2014, the public welfare requiring it.